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CONFIRMATION NO. 9793

SERIAL NUMBER 09/662,293	FILING OR 371(c) DATE 09/14/2000 RULE	CLASS 514	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. AL-2-C4
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/292,225 04/15/1999 PAT 6,455,686  
 which claims benefit of 60/098,909 09/02/1998  
 and claims benefit of 60/085,295 05/13/1998  
 and claims benefit of 60/098,565 04/17/1998 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 10/19/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY CO	SHEETS DRAWING 2	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 8

**ADDRESS**

026949

**TITLE**

NOVEL DERMATOPHAGOIDES PROTEINS AND FRAGMENTS THEREOF

FILING FEE RECEIVED 639	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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